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Applicant: Enrico GALIMBERTI

Appln. S.N.:

Filing Date: January 17, 2006

Examiner:

Group Art Unit:

### Information Disclosure Statement by Applicant

Date: January 17, 2006

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### U.S. PATENT DOCUMENTS

Examiner's Initials		Document Number	Date MM/YYYY	Name (Family Name of First Inventor)	Class	Sub Class	Filing Date (if appropriate)
	AR	4,535,583	08/1985	Tanaka			
	BR	4,299,072	11/1981	Holstein			
	CR						
	DR						
	ER						
	FR						
	GR						
	HR						
	IR						
	JR						
	KR						
	LR						
	MR						
	NR						

### FOREIGN PATENT DOCUMENTS

						English Abstract		Translation Readily Available	
		Document Number	Date MM/YYY Y	Country	Inventor Name	Enclosed/ Cited Above	No	Enclosed/ Cited Above	No
	OR	EP0863106	09/1998	EPO	Takakusaki	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PR	DE20218523	03/2003	Germany	KHS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	QR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	RR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	SR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	UR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	VR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	XR					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### OTHER (Including in this order Author, Title, Periodical Name, Pertinent Pages, etc.)

	YR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ZR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BBR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CCR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examiner:

Date Considered:

\*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.